PERSONAL DATA FORM and INFORMATION SHEET

PLEASE NOTE: Unless directed otherwise by the Court, your case will not be assigned to a caseworker until *all fees are paid in full*. The Court ordinarily orders that each party pay a separate fee, but you may pay the entire fee if you want to ensure that your case is assigned quickly. You should have been given a fee slip at the time of your initial intake. If you did not receive a fee slip or have lost it, please see the FCS front desk to be issued another one.

You may pay by check if you have a valid TX driver's license number and a Texas bank. Please make your check payable to *Family Court Services*. You may pay by credit/debit card – MC, VISA, DISCOVER or AMEX. Payments are made through the Child Support Office, located on the 2nd Floor East of the Family Law Center (across from the Family Court Services Offices).

When both parties have paid all fees, the case will be assigned to a caseworker. The caseworker will contact you to schedule an interview, which is held in the Family Court Services Office during office hours.

Please note that all parties *must have attended Orientation* before the caseworker begins services.

At the time of the interview you will need to bring this completed Personal Data Form and a picture ID. <u>Do not mail the form: bring it to the office on the day of your interview.</u> The interview will <u>not</u> be held without this <u>fully</u> completed data form.

Please fill in <u>all</u> areas clearly, including full names, addresses, zip codes, phone and fax numbers where requested. You will be required to sign release of information forms allowing the caseworker to gather information on you and the children if those releases were not obtained at intake. Each interview takes approximately two hours.

Home visits are generally made at a later date and only after the office interview has been conducted.

A full custody evaluation investigation requires a minimum of 90 days to complete. A copy of the custody evaluation report is provided to each attorney of record and to the court. **A copy will not be provided to you or any other litigants.** Also your attorney, without authorization from the court, will not be allowed to provide a copy to you.

If you are not a party, are 18 years or older, and are completing this questionnaire because you reside with, or are otherwise significantly involved in the current case, you only need to complete pages 1-11. Please contact the caseworker if you have any questions about this questionnaire.

Tarrant County Family Court Services Advisement Form

Your name:	Cause No
Child(ren)'s names:	
I, the undersigned, understand that servi	ices conducted by Family Court Services have been
	ared with the caseworker is for the purpose of that is in the best interest of the child/children.
	chat any communications or statements I make will context of this litigation and I understand specifically
 The caseworker may be requi 	red to testify in Court about my case and what interviews, collateral contacts and documentation.
Court and to the attorneys. A wri	red to make a report, either written or oral, to the itten report will not be provided to me, although I torney. My attorney is prohibited from providing a
professionals, doctors, teachers, cother professionals, individual pe	he caseworker may confer with mental health child care personnel, other governmental entities and rsons or agency representatives who have ildren or other parties to this litigation.
Signed on	, 20
	Signature
	Printed name

NAME:	(Emare		(MAIDEN OTHER WATER
(LAST)	(FIRST)	(MIDDLE)	(MAIDEN or OTHER NAMES YO HAVE GONE BY)
ADDRESS:(STREET)	(CITY)	(STATE)	(ZIP)
PHONE NUMBER:	CE	LL NUMBER:	
WORK NUMBER:	EN	IAIL	
WHAT IS THE BEST WAY TO CO	NTACT YOU?		
BIRTHDATE:	BIRTHPLACE:		
SEX: RACE/ETHNICITY			
SOCIAL SECURITY NO	DRI		
		,	ECIFY STATE)
YOUR RELATIONSHIP TO THE C	.HILD/REN IN QUESTION:_		
	FAMILY H	ISTORY:	
YOUR FATHER'S NAME:		AGE: PHON	E NO
ADDRESS:		OCCUPATION: _	
IF DECEASED, AGE AND YEAR HE	DIED:		
YOUR MOTHER'S NAME:		AGE: PHO	NE NO
ADDRESS:		OCCUPATION:	
IF DECEASED, AGE AND YEAR SH	E DIED:		
NO. OF BROTHERS:	NO. OF SISTERS:	NO. OF HALF/S	STEP-SIBLINGS:
LIST: NAME, ADDRESS AND PHO			
		, ,	

DATE: _____

PERSONAL HISTORY

YOUR EDUCATION: HIGHEST GRADE COMPLETED:	WHERE:		YEAR:
COLLEGE OR VOCATIONAL TRAINING	G – DATES AND PI	LACES:	
MILITARY SERVICE: BRANCH:			
DATE OF ENLISTMENT	DATE AND	ГҮРЕ OF DISCHARGE:	
CRIMINAL CHARGES, ARREST RECOR ARRESTS/CITATIONS (NON-TRAFFIC)	D, NON-TRAFFIC DATE		
YOUR LIVING ARRANGEMENTS: HOU			
APARTMENT: NAME OF COMPLEX AND	ADDRESS		
LANDLORD'S NAME, ADDRESS AND PH	IONE NUMBER: _		
DO YOU HAVE A VEHICLE?	IF SO, PLEASE	STATE THE MAKE, MOD	EL, YEAR, AND COLOR OF
YOUR PRIMARY VEHICLE:			
NUMBER OF PEOPLE LIVING WITH YO	OU: ADULTS:	CHILDREN:	
WHAT IS THE NAME OF AND YOUR RE	LATIONSHIP TO	EACH PERSON LIVING W	ITH YOU:
YOUR PREVIOUS ADDRESSES (FOR LA ADDRESS DATES YOU LIVED TH		VED THERE WITH YOU	REASON FOR LEAVING

DO YOU MAINTAIN A RELATIONSHIP	WITH YOUR IMMEDIATE FAMILY	Y MEMBERS?
IF, NOT, PLEASE EXPLAIN WHY NOT:		
DID YOU ATTEND WORSHIP SERVICE	S AS A CHILD? IF SO, WHERE ANI	O HOW OFTEN?
DO YOU PRESENTLY ATTEND WORSE	HIP SERVICES? IF SO, WHERE ANI	O HOW OFTEN?
DO YOU CONSUME ALCOHOL?	IF YES, HOW OFTEN AND	O IN WHAT QUANTITY?
HAVE YOU EVER USED ILLEGAL NAR OR NOT AS PRESCRIBED?		N MEDICINE NOT INTENDED FOR YOU
IF YES, PLESE STATE WHEN, WHAT D	RUG, AND FREQUENCY:	
	YOUR EMPLOYMENT RECO	ORD
List your employment over the past fi please use the back of this sheet.	ve years beginning with your pres	ent employer. If more space is needed
1. PRESENT EMPLOYER:		
ADDRESS:		
		PLOYED:
SUPERVISOR:	PHONE NO.:	FAX NO
		OVERTIME
YOUR SALARY OR HOURLY WAGE:		
2.EMPLOYER:		
ADDRESS:		
		DATE LEFT:
SUPERVISOR:	PHONE NO.:	FAX NO
REASON FOR LEAVING:		
YOUR SALARY OR HOURLY WAGE:		

3. EMPLOYER:			
ADDRESS:			
YOUR TITLE/POSITION:	DATE EMPLOYED:	DATE LEFT:	
SUPERVISOR:	PHONE NO.:	FAX NO	
REASON FOR LEAVING:			
YOUR SALARY OR HOURLY WAG	E:		
. EMPLOYER:			
ADDRESS:			
YOUR TITLE/POSITION:	DATE EMPLOYED:	DATE LEFT:	
SUPERVISOR:	PHONE NO.:	FAX NO	
REASON FOR LEAVING:			
SOURCE OF INCOME			AMOUNT \$
SOURCE OF INCOME			
			\$
			\$
			\$
lf you pay child support, is it ta	ken out of your pay check? YES N	10	
HEALTH INSURANCE :			
NAME OF YOUR HEALTH INSURA	NCE COMPANY		
- NAME OF PRIMARY POLICY HOLD	DER		
NAME OF CHILD(REN)'S HEALTH	INSURANCE COMPANY		
NAME OF PRIMARY POLICY HOLD	DER		

MONTHLY EXPENSES

Housing:	1.	Rent/House Payment	\$
	2.	Insurance (Home/Tenant)	\$
	3.	Maintenance, repair and service	\$
	4.	Utilities (Gas, water, electric)	\$
	5.	Telephone	\$
Auto:	1.	Car Payments	\$
	2.	Insurance	\$
	3.	Gasoline & Oil	\$
	4.	Maintenance & Repair	\$
Insurance:	1.	Life	\$
	2.	Health and Hospitalization	\$
	3.	Other	\$
Food:	1.	Groceries	\$
	2.	School and work lunches	\$
Medical:	1.	Doctors	\$
	2.	Dentists	\$
	3.	Medications (prescription and over the counter)	\$
Education:	1.	School Supplies, fees and other costs	\$
Personal:	1.	Grooming (barber, hair dresser)	\$
	2.	Clothing	\$
	3.	Cleaning and Laundry	\$
	4.	Uniforms for work	\$
Child Care:	1.	Daycare/babysitter	\$
Entertainment:	1		\$
	2		\$
	3		\$
Dues:	1.	Union, professional, etc.	\$
Other Payments:	1		\$
	2		\$
	3		\$
	4		\$
		TOTAL EXPENSES:	\$

MEDICAL HISTORY

How is your present health?
List your doctors' names, addresses, phone numbers and what you were treated for:
List your child(ren)'s doctors' names, addresses, phone numbers and what they were treated for:
List any prescribed medication you take and what it is for:
List any prescribed medication your child(ren) take and what it is for:
List any hospitalizations or major illness you have had and provide the hospital names, addresses, dates and specific problems. Include trips to emergency room.
List any hospitalizations or major illness your child(ren) have had and provide the hospital names, addresses, dates and specific problems. Include trips to emergency room.
****If you have a shild with a physical or montal disability please use the back of this page

****If you have a child with a physical or mental disability, please use the back of this page or a separate sheet of paper to describe the disability and how it is being handled or treated. Please attach any extra paper to this document.

MENTAL HEALTH INFORMATION

		child(ren) or anyone involved in this case received psychiatric, psychological testing or ital or personal) or drug or alcohol counseling or treatment?
		If yes, please list who received counseling or treatment, when and from whom and selor's address, phone AND fax numbers.
of you	r househol	lizations for psychiatric, drug or alcohol treatment for you, your child(ren) or members ld. Please include the name of the person who was treated, the dates of treatment, nd address and doctor's name, address, phone AND fax numbers:
		CHILD PROTECTIVE SERVICES
in an i	nvestigatio number o	ber of your family or household or anyone involved in this dispute has ever been involved on for abuse (sexual or physical), neglect or lack of supervision, list name, address and f each child protective services caseworker or other investigator and the name of the l who was investigated and the date of investigation.

MARITAL/CO-HABITATION HISTORY

List all of your marriages or live-in relationships. List any children from that relationship. Please start with your <u>first</u> marriage or live-in relationship.

1. SPOUSE OR LIVE-IN'S N	NAME:	
DATE AND PLACE OF MARE	RIAGE OR LIVING ARRANGEMENT:	
DATE AND PLACE OF DIVO	RCE/SEPARATION/BREAKUP:	
CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT
2. SPOUSE OR LIVE-IN'S N	NAME:	
ADDRESS AND TELEPHONE	NO	
DATE AND PLACE OF MARE	RIAGE OR LIVING ARRANGEMENT:	
DATE AND PLACE OF DIVO	RCE/SEPARATION/BREAKUP:	
CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT
	JAME:	
ADDRESS AND TELEPHONE	NO	
DATE AND PLACE OF MARE	RIAGE OR LIVING ARRANGEMENT:	
DATE AND PLACE OF DIVO	RCE/SEPARATION/BREAKUP:	
CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT

4. SPOUSE OR LIVE-IN'S	S NAME:		
ADDRESS AND TELEPHOR	NE NO		
DATE AND PLACE OF MA	RRIAGE OR LIVING ARRANGEMEN	T:	
DATE AND PLACE OF DIV	ORCE/SEPARATION/BREAKUP:		
CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTOR	Y ARRANGEMENT
Information for any of	your children who were not bor	n to a relationship listed on p	age 9:
CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTOR	Y ARRANGEMENT
	e, address and telephone numbe		
NAME	ADDRESS	TELEPHONE N	NUMBER
If you are in a current	relationship, please provide that	person's name, telephone nu	mber and address.
<u>INF</u> (whether living p	ORMATION ABOUT ALL CHI	ILDREN IN YOUR HOUSE 1, including step-children or	HOLD unrelated children)
NAME NA	AME AND <u>ADDRESS AND PHONE N</u>	UMBER OF SCHOOL	GRADE
1			
2			
3			
4.			

CHILD CARE

List name, address and phone number of all people or agencies providing childcare over the last 5 years (including relatives), beginning with the <u>present</u> childcare provider.

	START DATE:	
2. NAME	START DATE:	END DATE:
ADDRESS AND PHONE NUMBER		
3. NAME	START DATE:	END DATE:
ADDRESS AND PHONE NUMBER		
4. NAME	START DATE:	END DATE:
ADDRESS AND PHONE NUMBER :		
	REFERENCES	
not contact references, at the casew 1. NAME AND RELATIONSHIP		 WORK PHONE #
	CITY, STATE, ZIP	HOME PHONE #
2NAME AND RELATIONSHIP	STREET ADDRESS	WORK PHONE #
	CITY, STATE, ZIP	HOME PHONE #
3NAME AND RELATIONSHIP	STREET ADDRESS	WORK PHONE #
	CITY, STATE, ZIP	HOME PHONE #

COLLATERAL WITNESSES

Collateral witnesses must be brought to the attention of the caseworker. It is your responsibility to notify the caseworker by completing this form if there are any collateral witnesses who need to be contacted. Collateral witnesses are generally professionals who have factual information to provide in the case, such as doctors, nurses, teachers, childcare providers, psychologists/counselors, etc. Collaterals may also include persons who have relevant, significant information about you, the child/ren, or the other party to this suit, such as ex-spouses, adult children, neighbors, etc.; however this generally does <u>not</u> include family and friends, except as noted. If this is a final Custody Evaluation and you provide the name, address, phone number and a brief description of the relevant information the collateral should provide, the case worker will contact the collateral, either in writing or by telephone. If this is a temporary Custody Evaluation, the caseworker will contact collaterals to the extent time will permit.

			
x schedules and	d the child(ren)'s schedu) should spend with each parent. Pleas
schedules and	d the child(ren)'s schedu	nink the child(ren	NT) should spend with each parent. Pleas xplain your reasons this arrangement v
k schedules and	d the child(ren)'s schedu	nink the child(ren) should spend with each parent. Pleas
k schedules and	d the child(ren)'s schedu	nink the child(ren) should spend with each parent. Pleas
k schedules and	d the child(ren)'s schedu	nink the child(ren) should spend with each parent. Pleas
k schedules and he child(ren)'s	d the child(ren)'s schedu best interests:	nink the child(ren) should spend with each parent. Pleas
k schedules and he child(ren)'s	d the child(ren)'s schedu best interests:	nink the child(ren) should spend with each parent. Pleas xplain your reasons this arrangement v

Briefly summarize the problems and events which resulted in the dissolution of your marriage or termination of the relationship:
Since the separation, with whom have the child(ren) been living? For how long?
What is the current visitation schedule?
Has child support been ordered? Yes: No: Amount ordered \$
If ordered but not paid, amount of arrears: \$
Has the divorce/separation had any effects on the child(ren)? If yes, please explain:

Prior to this proceeding, please state who handled the following duties, if applicable:
Transport to and from school or daycare:
Doctors, Dentist etc. visits:
Homework:
Meal preparation:
Briefly describe how you discipline your child(ren)
Briefly summarize the events leading up to the present custody/visitation dispute:
briefly summarize the events leading up to the present custody/visitation dispute.
Why do you believe you should have primary custody of your child(ren)?
viny do you believe you should have primary custody or your child(ren).

Why do you think the other person wants custody of the child(ren)?
Are there reasons the other party to this action should not have custody/visitation? Be specific:
Please state whether you, the other parent or both of you should have the right to: 1) make educational decisions for the child; 2) make medical, dental and psychological decisions for the child; and 3) determine the child's residence. For each question, please state why you answered the way you did.

What else would you like your caseworker to know that has not been previously stated in this form?